PTO/58/08 (03-03)
Approved for use through 7/31/2008, OMB 0651-0032
of Tredomark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							10669479		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY							OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	EEE
BASIC FEE (37 CFR 1.15(e))			lΓ		•	.02		•	
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =				L	***		CR.	×4	
INDEPENDENT CLAIMS (37 CFR 1.18(b))	micro-	-		it	X8•		OR	X1.	
		FR 1.16(d)		ſŀ	*:		OR	**	
* if the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									
		(Column 2)	(Column 3)		SMALL E	ENTITY	CR	OTHER	THAN ENTITY
∢ R	CLAIMS EMAINING AFTER PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total O Cat Offi 1.18(d) Independent U (profit 1.18(d))	30 Mires -	42	•	lt	x 8•		OR	x s=	
E (COM 1.403)	2 Minus "	3	8		x 8		OR	X 8	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR LIMIN)				Į	+1 .	/	OR	+1 -	<u>/</u> .
1.307					TOTAL ADD'L FEE	/	OR	ADDL FEE	
Ø R	EMAINING AFTER PE	(Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ABOL HONAL FEE
Total Total Groff Higgs Origination Orig	31 Mirus "	42	و] [x 8		OR .	x1	
Z Independent profession -	2 Minus -	.3	•		×4	/	OR	×	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))				JL	<u>+-</u>	· ·	OR	<u>- کنا</u>	
					ADD'L FEE		OR	ADD'L FEE	
510%		(Column 2)	(Cotumn 3)	_		<u>a</u>	. ′		
O E APA	EMAINING PE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	И	RATE	ADOH- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total O trace O tra	Mirrors "	42	• /		x 8		OR	x 8•	
Z Independent Property (Control of Control o	Minus		<u>'-/-</u>		x s =	$\perp \angle$	OR	× 8 '	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.1887)					+s =	/	OR	toral	\swarrow
131					ADD'L FEE	<u> </u>	OR	ADOL FEE	<u> </u>
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This edilection of information is required by 37 CPR 1.18. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiatly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commissioner for Patients, P.D. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.D. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.